



STATE OF TENNESSEE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 James Robertson Parkway, Third Floor, Nashville, TN 37243-1142  
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

## Architectural Registration Exam (ARE) Information

(for initial registration as a Registered Architect)

**You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.**

### Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

Before submitting this application, be sure you have met the minimum education and experience requirements for registration, because the application fee is **not refundable**.

### Residency Requirements

An applicant for registration by exam must meet Tennessee's residency requirement ([Rule 0120-1-.03](#)).

### Intern-Architect Development Program

Effective December 1, 1984, an applicant for registration by exam must have completed the Intern-Architect Development Program (IDP) of the National Council of Architectural Registration Boards (NCARB). You will need to request that NCARB transmit your IDP record to this Board. For complete information about IDP, please contact [NCARB](#).

### Forms

#### (1) Application Form –

- Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information in regard to design work on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to architecture or not. You must show the minimum required years of experience at the time of application.

## (2) Reference Form –

- Submit three references from registered architects who are personally acquainted with your technical ability.
  - References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

## Fees

Submit the application fee with your application. Make check payable to the **Tennessee Department of Commerce and Insurance**.

Application Fee – **\$30** (non refundable)

ARE Fees – to be paid at test center

Biennial Registration Fee – **\$140** (due after ARE is passed)

## Review Procedure

When your application packet is complete, it will be circulated among the architect members of the Board for review. If approved to take the Architect Registration Exam (ARE), the Board office will notify you and NCARB of your eligibility to take the exam. NCARB will provide all eligible candidates with information about taking the exam. For additional information about the ARE contact [NCARB](#). The review may take up to eight weeks.

## Location of Exam Sites and Scheduling Information

Once this Board establishes your eligibility, you may take the exam at any location where it is offered. To take an ARE division, schedule an appointment with the test center (a Prometric Test Center) of your choice. There is no required sequence, so you may sign up to take any division(s) of the exam at any time, at any location, if there is space available. A tutorial will be available at the test center. The specifics with regard to the location of test centers, scheduling and/or canceling an appointment, etc., should be worked out directly with the test center.

The ARE is currently offered on an on-going basis, six days a week, in the following cities: Chattanooga, Clarksville, Franklin, Knoxville, Madison, and Memphis; however, you are not limited to taking the exam in Tennessee.

## Score Reporting Procedures

This Board will notify you of your score(s) when they are received from NCARB's vendor, The Chauncey Group. You will have to wait 6 months to retake any division on which you are unsuccessful.

## **ARE Rolling Five-Year Clock**

To pass the ARE, an applicant must achieve a passing grade on each division. A passing grade for any division of the ARE shall be valid for five years, after which time the division must be retaken unless all divisions have been passed. NCARB may allow a reasonable extension of such period in circumstances where completion of all divisions is prevented by a medical condition, by active duty in military service, or by other like causes.

For more information regarding the rolling clock [click here](#).

## **Pending Status**

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. These requirements include passing the required registration exam.

## **Board Contact**

If you have questions about any of this information or about your application, call Joyce Shrum, Architect Applications Coordinator, at 800-256-5758, 615-741-5803, or send an e-mail: [joyce.shrum@state.tn.us](mailto:joyce.shrum@state.tn.us)



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500 James Robertson Parkway, Third Floor  
Nashville, TN 37243-1142

## APPLICATION FOR ARCHITECT REGISTRATION

Type or print legibly

Full Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ County \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Official Capacity \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address for Correspondence: ☐ Business ☐ Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? ☐ Yes ☐ No

I am applying for registration by:

☐ Examination

Have you completed the Intern Development Program? (Requirement effective December 1, 1984) ☐ Yes ☐ No

Do you have a disability that may require special accommodations in taking an examination? ☐ Yes ☐ No

☐ Comity ☐ Reapplying NCARB Certificate Number \_\_\_\_\_

(For Board use only– Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis-aprvd	Board Member	Date	Aprvd	Dis-aprvd

Full Name \_\_\_\_\_

If you have ever changed your name through marriage or action of a court or have ever been known by any other name,  
please list name(s) and date(s) of change \_\_\_\_\_

\_\_\_\_\_

Have you passed a written NCARB exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name state and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

\_\_\_\_\_

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

\_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as  
a result of disciplinary proceedings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name place and year \_\_\_\_\_

#### PROFESSIONAL/TECHNICAL AFFILIATIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### EDUCATIONAL BACKGROUND

Colleges, Universities,  
Technical Schools

Dates of Attendance  
(From-To)

Date of  
Graduation

Degree  
Received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first** engagement. Provide detailed, but concise information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

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Full Name \_\_\_\_\_

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	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)



Full Name \_\_\_\_\_

*List names and complete addresses of three architects who are personally acquainted with your technical ability. References are required from both a current employer/supervisor and past employer/supervisor (if applicable).*

References – Registered Architects	Complete Address
Current supervisor	
Past supervisor	

#### APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as an architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

Attach a photograph  
taken in the last 12 months

HEAD AND SHOULDERS  
ONLY

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



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800-256-5758 615-741-3221 (NASHVILLE AREA)

NASHVILLE, TN 37243-1142  
615-532-9410 (FAX)

## REFERENCE

**This request letter is to be completed by the applicant**

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to  
\_\_\_\_ architecture  
practice \_\_\_\_ engineering  
\_\_\_\_ landscape architecture

Please send the information requested on the reverse directly to the Board office in the envelope provided.

\_\_\_\_\_  
Signature of Applicant)

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### Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

**THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.**

(see reverse)

Applicant's name \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
2. Are you in any way related to the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_
3. What has been your connection with the applicant? \_\_\_\_\_  
\_\_\_\_\_
4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_
6. Please give your estimate of the applicant as an \_\_\_\_ architect \_\_\_\_ engineer \_\_\_\_ landscape architect. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge, has the applicant ever been convicted of a felon? \_\_\_\_\_
8. Would you employ the applicant in a position of trust? \_\_\_\_\_
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_
10. If the applicant is in individual practice, please indicate the nature of the practice \_\_\_\_\_  
\_\_\_\_\_
11. Do you recommend the applicant for registration? \_\_\_\_\_
12. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the reverse side of this form.

- a. My full name is \_\_\_\_\_  
(to be typewritten or printed)
- b. My present employer is \_\_\_\_\_
- c. My title or position is \_\_\_\_\_
- d. I am/am not a registered  
\_\_\_\_ architect  
\_\_\_\_ engineer  
\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)